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Bib Data Sheet

CONFIRMATION NO. 4045

|   |   |                                    |   |   |
|---|---|------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/082,240  | <b>FILING DATE</b><br>02/26/2002<br><b>RULE</b>   | <b>CLASS</b><br>455                | <b>GROUP ART UNIT</b><br>-2681<br>2683  | <b>ATTORNEY DOCKET NO.</b><br>1154.41166X00 |
| <b>APPLICANTS</b><br>Reijo Romppanen, Oulu, FINLAND;<br><b>** CONTINUING DATA **</b> <del>YES</del> <b>YES</b> <del>*****</del> <b>*****</b><br>THIS APPLICATION IS A CON OF PCT/FI00/00713 08/22/2000.<br><b>** FOREIGN APPLICATIONS **</b> <del>YES</del> <b>YES</b> <del>*****</del> <b>*****</b><br>FINLAND 19991819 08/26/1999 |   |                                    |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/21/2002</b>  |   |                                    |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>                  |   | <b>STATE OR COUNTRY</b><br>FINLAND | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>13                   |
|   |   |                                    | <b>INDEPENDENT CLAIMS</b><br>2  |   |
| <b>ADDRESS</b><br>020457  |   |                                    |   |   |
| <b>TITLE</b><br>Management of an overload situation in a telecommunication system   |   |                                    |   |   |
| <b>FILING FEE RECEIVED</b><br>870   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |